

## Part I: Application Instructions

### A. Funding opportunity description

The Indian Health Service (IHS) announces a new funding opportunity under the IHS Chronic Disease Initiative. The purposes of the funding opportunity are to:

1. Support a group of selected applicants (from a pool of federal IHS sites) who will work together through a collaborative process to develop an innovative approach to chronic disease management in the Indian health system.
2. Demonstrate that changing or enhancing our systems for delivering care can improve patient outcomes across a variety of chronic diseases in a cost-effective manner.
3. Support innovative efforts and models throughout the Indian health system that address chronic disease, especially those that have already been shown to be effective in IHS, tribal, and urban Indian health settings.
4. Spread successes in the management of chronic diseases throughout the Indian health system.

Pilot sites will receive one year of funding to pay for travel to one in-person training meeting, as well as the supplies and equipment required to participate in Chronic Disease Collaborative web-based activities (see Part C). Pilot sites will also receive a small amount of additional funding to ensure dedicated time for a local pilot site coordinator who will provide day-to-day leadership. Subsequent to the first year, pilot sites will receive ongoing technical support through the Chronic Disease Collaborative as long as the IHS Chronic Disease Initiative continues and funding allows. Interested sites may apply through this application kit to participate in this new program.

### B. Background

The IHS has established a long and successful history of addressing acute, infectious diseases. Today, a new epidemiologic challenge faces the Indian health system: chronic disease. The IHS recognizes that the future of American Indian and Alaska Native communities depends on how effectively we address chronic diseases like diabetes, cardiovascular disease, asthma, obesity, depression, and some cancers.

The IHS recently launched the Chronic Disease Initiative to develop a process to effectively and efficiently address chronic diseases. The initiative has developed a strategic plan using a model for chronic disease care created from the experience of the IHS Division of Diabetes Treatment and Prevention and the Institute of Healthcare Improvement, and from models like the Chronic Care Model (see below). The model outlined in the strategic plan suggests that **our approach to chronic diseases can be improved by creating a health care system that is practical, supportive, population-based, and evidence-based.**

### *What is the Chronic Care Model?*

As described above, the Chronic Care Model provided the foundation for the IHS Chronic Disease Initiative's strategic plan. The MacColl Institute for Healthcare Innovation developed the Chronic Care Model by drawing upon the available literature on promising strategies for chronic disease management. The model identifies the essential elements of a health care system that effectively *manages patients and encourages high quality chronic disease care*.

These elements are:

- Community resources and policies
- Self-management support
- Decision support
- Organization of the health care system
- Delivery system design
- Clinical information systems

The Chronic Care Model can be applied to a variety of chronic diseases, health care settings, and target populations. It provides the Indian health system with a framework through which a proactive practice team can prepare and facilitate productive interactions with patients who are better informed and activated. These improved outcomes can only be achieved through a comprehensive approach to improving health in our communities and within our system.

## C. Program Description

### *Pilot sites*

The IHS will select pilot sites among a pool of federal (IHS) programs that submit applications (see eligibility criteria in Part E). The pilot sites will work collaboratively with one another and IHS staff to design, implement, and evaluate innovative chronic disease interventions.

### *Pilot site activities*

During the first year of this project, the pilot sites will receive training in proven improvement techniques to begin making improvements at their local sites. These improvements will facilitate local implementation of the Chronic Care Model so that patients will receive high quality, customized, and reliable care. The pilot sites will also develop process and outcomes measures to demonstrate that interventions are worth pursuing in a broader fashion. The size of the ongoing Collaborative will be determined from this evaluation activity, and will be reflected in the subsequent years of the project as more pilot sites are brought into the Collaborative. Ultimately, the pilot sites will help disseminate the lessons learned from this program and provide technical assistance to other non-pilot site facilities throughout the Indian health system.

### *Chronic Disease Management Collaborative*

The pilot sites and IHS will form a group called the *Chronic Disease Management Collaborative*. The Collaborative will meet in person one time a year and through virtual WebEx™-style meetings and teleconferencing. They will also communicate frequently through e-mail and a Chronic Disease Management Collaborative listserv to share their successes and failures. Through the Collaborative, pilot sites will obtain information technology support, ongoing training and development programs, and technical assistance from IHS partners, such as the Institute for Healthcare Improvement and the MacColl Institute for Healthcare Innovation.

**Pilot sites will be required to attend an in-person Chronic Disease Management Collaborative Kick-off Meeting (date and location to be determined).** Two individuals from each selected pilot site will attend this meeting, which will help pilot sites understand how collaboratives work and prepare them to become active members of the Chronic Disease Management Collaborative.

#### **D. Anticipated benefits to be gained by pilot sites (or “What’s in it for us?”)**

Many international and national health care organizations have accomplished significant improvements in patient care after making minimal investments by using proven techniques from the Institute for Healthcare Improvement, one of IHS’s partners in the Chronic Disease Initiative. As such, it is anticipated that pilot sites should expect to gain several benefits as a result of their participation in the Chronic Disease Management Collaborative (in addition to first year funding for local costs). These include:

- Local access to web-based training by national experts.
- Support from Collaborative leaders and national consultants to enhance the quality of chronic care.
- Increased patient satisfaction with care.
- Improvement in Clinical Reporting System (CRS) outcomes data.
- Local WebEx™ capability for activities outside of pilot site activities.

#### **E. Applicant eligibility requirements and expectations**

At a minimum, applicants must:

1. Be a federal IHS program.
2. Guarantee the support of their organizational leadership to make the changes necessary throughout the organization to improve chronic disease care.
3. Demonstrate participation of the community through support of community partners.

4. Demonstrate commitment from their organizational leadership that staff time will be protected to participate in the Collaborative's activities, including program planning, travel to Collaborative meetings and trainings, and program implementation and evaluation.
5. Identify a local champion who will lead the chronic disease intervention and evaluation efforts. This person must be able to devote a significant portion of their time to the intervention and evaluation.
6. Have solid data infrastructure with the ability to collect, manage, and report the required data elements that will assess and describe the intervention's effectiveness in improving chronic disease care. Applicants must also use the Electronic Health Record (EHR) or be in the process of implementing the EHR.
7. Participate in a multi-site evaluation of the intervention led by the IHS.
8. Attend the in-person Collaborative meeting, participate in all of the web-based meetings during the year, participate in regular conference calls, and maintain frequent communication with the Collaborative.

Changing the way health care organizations deliver chronic disease care requires change throughout entire organizations. Many aspects of the way organizations deliver care—staff roles and responsibilities, patient access to care, and clinic flow, to name a few—may change.

Successful applications will **show that the organization's leadership strongly supports changing the way the organization delivers care**. Reviewers will look for evidence that the organization's leadership will champion the pilot project, providing it with the necessary additional resources, staff, and infrastructure to ensure its success. Providing evidence that organization leadership was involved in preparing the application will lend strength and credibility to applications.

Applicants that are not selected as pilot sites can still benefit from the IHS Chronic Disease Initiative. These applicants may attend Collaborative meetings and benefit from the discussions on program planning, evaluation, and technical assistance. The IHS Chronic Disease Initiative also plans to continuously update the Indian health system on the progress of the interventions by: (1) sharing materials that will be developed; (2) providing information through newsletters and listservs; (3) possibly starting a virtual collaborative to help all Indian health organizations communicate with one another and benefit from what the pilot sites learn; and (4) other methods.

## F. Application instructions and review information

*Letter of intent: Due May 1, 2006*

If you intend to apply to be a pilot site, you must submit a letter of intent by **May 1, 2006**. Your letter of intent should simply and briefly state:

- Your name and title.
- The name and location of your organization.
- That your organization is a federal (IHS) site.
- That you plan to submit an application to be a pilot site.

Please mail your typed and signed letter of intent to:

Bonnie Bowekaty  
Chronic Disease Initiative Program Assistant  
Indian Health Service Division of Diabetes Treatment and Prevention  
5300 Homestead Avenue NE  
Albuquerque, New Mexico 87110

*Application: Due May 15, 2006*

The application includes four required elements, which you must submit to the IHS by **May 15, 2006**:

- **Letter of commitment.** The proposed pilot site coordinator and the organization's Chief Executive Officer must sign the letter of commitment. (You can find a sample letter of commitment on page 12.)
- **Applicant assessment and narrative.** Please submit the following:
  1. Completed applicant assessment checklist found on pages 8–11.
  2. A separate document (no more than six pages) with your responses to the narrative questions on pages 8–11.

The assessment and narrative will help reviewers determine the applicant's level of infrastructure and capacity necessary to participate as a pilot site. In the narrative, applicants should also describe what makes them uniquely qualified to participate in this new program.
- **Letter of support from community partners.** We encourage applicants to discuss this project with the community at multiple levels and gather letters of support from as many different levels as possible. The letters may be from the local health board or other community partner organizations and should document existing community resources that will support the pilot site's efforts.
- **Letter from the information technology site manager** to ensure that the pilot site is either using EHR or in the process of implementing the EHR. (You can find a sample letter of support on page 13.)

## G. Submission and contact information

You will need to submit a typed and signed letter of support, original application, and supporting documents in one package to:

Bonnie Bowekaty  
Chronic Disease Initiative Program Assistant  
Indian Health Service Division of Diabetes Treatment and Prevention  
5300 Homestead Avenue NE  
Albuquerque, New Mexico 87110  
Phone: (505) 248-4182  
e-mail: [bonnie.bowekaty@ihs.hhs.gov](mailto:bonnie.bowekaty@ihs.hhs.gov)

Questions can be directed to:

Pat Lundgren  
Phone: (928) 338-4911 x3707  
e-mail: [pat.lundgren@ihs.gov](mailto:pat.lundgren@ihs.gov)

Charles Ty Reidhead, MD  
Phone: (928) 338-4911  
e-mail: [charles.reidhead@ihs.gov](mailto:charles.reidhead@ihs.gov)

## H. Important dates

- May 1, 2006: Deadline to submit a **mandatory** letter of intent to apply
- May 15, 2006: Deadline for application submission
- June 5, 2006: Notice of award
- Date to be announced: **Mandatory** Chronic Disease Management Collaborative Kick-off meeting
- July 25–28, 2006: Special Diabetes Program for Indians Regional Meeting in San Francisco, California. “Implementing Chronic Disease Care in Indian Health Settings” workshop. This workshop is *not* affiliated with the Collaborative, but may be helpful to people who want introductory information on the Chronic Care Model or collaboratives. Pilot sites are **not** required to attend this workshop.

## I. Further information

For further information, please visit the following websites:

🔗 [http://www.ihs.gov/NonMedicalPrograms/DirInitiatives/index.cfm?module=fact\\_chronic](http://www.ihs.gov/NonMedicalPrograms/DirInitiatives/index.cfm?module=fact_chronic)  
Information on the IHS Director’s Chronic Disease Initiative

🔗 [www.ihc.org](http://www.ihc.org)  
Information on collaboratives